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By Mark Siegler

This year’s Ryerson lecturer is Dr. Mark Siegler, the Lindy Bergman Distinguished Service Professor in the Department of Medicine and the Director of the MacLean Center for Clinical Medical Ethics.

Dr. Siegler received his B.A. from Princeton University in 1963 and his M.D. in 1967 from the University of Chicago. He was intern, resident, and Chief Resident in Medicine at the University of Chicago Hospitals, followed by a year of advanced training at the Hammersmith Royal Postgraduate Hospital in London.

Dr. Siegler pioneered the field of clinical medical ethics. In 1994, with encouragement from then-President Hanna Holborn Gray and support from the MacLean family, he and his colleagues founded the MacLean Center for Clinical Medical Ethics, the nation’s first ethics program devoted primarily to Clinical Medical Ethics. As an example of its early work, in a 1999 paper entitled “Ethics of Liver Transplantation with Living Donors,” Dr. Siegler and his colleagues described their plans to perform the first such surgery, laying out all of the potential ethical issues four months before the first such case.

Today, almost twenty-five years later, the MacLean Center, of which Dr. Siegler is the director, remains the leading program in the world for teaching, study, and research in clinical ethics. The center’s faculty now numbers twenty-five and is drawn from disciplines and departments throughout the University. The MacLean Center Clinical Fellowship training program in Clinical Ethics started in 1985 and is the largest and most successful ethics fellowship program in the world. More than two hundred fellows have trained at the MacLean Center, of whom thirty-five now direct ethics programs at other universities and hospitals throughout the world.

The clinical ethics model developed at Chicago has been widely embraced. Every medical school teaches courses in medical ethics; every hospital is required to have ethics policies and mechanisms in place to resolve clinical ethical disagreements. Scientific articles about medical ethics now appear in every journal. Every university citizen, and friend.

Dr. Siegler’s topic today is “At the Crossroads of Organ Transplantation and Medical Ethics: A Century of Innovation at the University of Chicago.”

I am deeply honored to have been chosen by a faculty committee to present this year’s Ryerson Lecture. Perhaps my strongest qualification for this honor is that, beginning with Professor John Hope Franklin’s inaugural Ryerson Lecture in 1974 and Professor Subrahmanyan Chandrasekhar’s second lecture, I have attended thirty of the thirty-three previous lectures. My being selected shows, if there ever was any doubt, that attendance really does count. Since starting medical school here forty-four years ago, it has been my great privilege to be a student and colleague of many former Ryerson lecturers.

Introduction

Today I will speak on the topic “At the Crossroads of Organ Transplantation and Medical Ethics: A Century of Innovation at the University of Chicago.” I have chosen to talk about organ transplantation and clinical ethics for the following three reasons:

1. First, beginning a century ago, and continuing to the present time, physicians from the University of Chicago have made foundational contributions to the field of organ transplantation.
2. Second, transplantation illuminates the incredible successes in medicine and surgery during the last century. The first large-scale successful kidney transplantation, in 1954, was an extraordinary event. For the first time in human history, a person who was dying from failure of a critical organ—such as a kidney, liver, heart, or lung—was saved from death by replacing the failing organ with a new one. Since 1954, more than one million organ transplantations have been performed worldwide.
3. Finally, in focusing on organ transplantation, we encounter every important ethical issue in medicine. In poetic moments, I sometimes use the image of the Rosetta Stone to suggest that organ transplantation can help us understand the complexities of medical ethics, just as the Rosetta Stone helped us to understand and translate the mysteries of hieroglyphics. Essentially, if you understand the ethical issues in transplantation, you understand the major ethical issues in medicine.

April 24, 2007

The 2007 Nora and Edward Ryerson Lecture

“A New Road for Medicine”:

Figure 1. 126-003532I SS. Cosmas and Damian Graft the Leg of a Moor onto the Stump of an Amputee, Jaume Huiget (1415–92) / Santa Maria of Egara in Terrassa, Barcelona, Spain, Index / The Bridgeman Art Library

A Brief History of Organ Transplantation

The idea of transplanting organs and limbs is not new. Throughout medical history, physicians and patients have sought ways to extend life or to improve the quality of life by transferring an organ or a limb from one person to another.

The painting in figure 1 depicts two thirteenth-century physicians, Cosmas and Damian, performing innovative surgery, transplanting a leg obtained from a recently deceased person to a patient whose own leg was removed because of cancer. (You can see the removed leg at the end of the bed.) This extraordinary scene was recorded in many Renaissance paintings. We are not told the outcome of the operation but perhaps it can be surmised from figure 2, a painting by Fra Angelico. This scene, which shows the beheading of Cosmas and Damian, suggests that innovative transplantation surgery is a high-risk enterprise. Folks! Please don’t try this at home! Some regard Cosmas and Damian’s fate as even worse than a malpractice suit. From the time of Cosmas and Damian in 300 AD, there was very little progress on the transplantation scene for quite a while, actually, about 1,600 years, until the following statement was made: “The problem of organ transplantation in man has been solved.”

This remarkably optimistic statement was published in 1905, more than a century ago, by Dr. Alexis Carrel (see figure

THE UNIVERSITY OF CHICAGO RECORD
3. Carrel was then working as an assistant to Professor G. N. Stewart at the Hull Biological Laboratories at the University of Chicago. How can I say it? This statement is so Chicago! Let me explain what Dr. Carrel meant by his statement and consider whether it was true.

In the twenty-one months from November 1904 to August 1906 that Carrel was at the University of Chicago, his research achievements were astounding. He published thirty-three papers describing research breakthroughs that remain the basis of modern transplantation surgery. His breakthroughs included:

1. the ability to sew blood vessels together,
2. the ability to reattach severed limbs,
3. the technical ability to transplant organs including kidneys and hearts into dogs and cats, and
4. the ability to preserve organs outside of the body by perfusing them.

“The Transplantation of Organs: A Preliminary Communication,” published in the Journal of the American Medical Association in July–December 1905, was Carrel’s earliest description of his transplantation work. The article included the prophetic statement: “From a clinical standpoint, the transplantation of organs may become important . . . and may open new fields in therapy and biology.”

For his work at the University of Chicago, Alexis Carrel received the Nobel Prize in medicine in 1912 “in recognition of his work on vascular suture and the transplantation of organs.” Remarkably, Carrel was the only physician or surgeon between 1901, when the Nobel Prize was first awarded, and 1933 to receive the Nobel Prize in medicine for work done in the United States. Aside from Carrel, Nobel Prizes in medicine in the first thirty-four years of the prize went exclusively for scientific work done in Europe. Carrel also was the only second University of Chicago person to win the prize, after A. A. Micheloni in physics in 1907. We can now ask whether Carrel’s statement about solving the problem of organ transplantation was true. It was not. Despite Carrel’s great technical achievements in 1905, scientists did not understand immunology. Most of Carrel’s animals died from immune rejection of the transplanted organs after several weeks or months. In fact, despite Carrel’s optimism, more than forty years passed before a partially successful organ transplantation was done in a human. And when it was done, you guessed it, it was done by a graduate of the University of Chicago medical school, Dr. David Hume, Class of 1943 (see figure 4). The story of the first transplant goes like this: While working as a surgical resident in Boston in 1947, David Hume was caring for a twenty-nine-year-old woman who was dying from acute renal failure. Hume decided to try to save her life by performing the first human kidney transplant. One evening, he obtained a kidney from an elderly patient who had just died during surgery. He and another resident wheeled the twenty-nine-year-old woman to the treatment room at the end of the hall and, using two gooseneck lamps for light, they attached the donor kidney to the woman’s forearms so it rested outside the skin. They then covered the kidney with a plastic bag and watched as her urine drained into a jar. This primitive transplant lasted only four days, but that was long enough to allow the woman’s own kidneys to recover, and she survived to be discharged. This was the first successful kidney transplant.

In the years following this unusual case, Hume conducted the first series of more traditional kidney transplants and performed nine transplants using cadaver kidneys. Unfortunately, immune-suppression drugs did not become available for another ten years, and the longest survival among Hume’s nine cases was 175 days. For his pioneering work, Hume is regarded today as the “Father of Renal Transplantation.”

My Teachers and Mentors
Carrel and Hume were two in a long line of great clinicians and scholars from the University of Chicago. The advancement of knowledge and intellectual innovation have been at the core of the University’s mission since its founding. In an 1897 convolution speech, President William Rainey Harper expressed his hope that when the University of Chicago finally opened a medical school, it would be one committed to research and innovation. President Harper stated:

I do not have in mind . . . an institution which shall devote itself merely to the education of a man who shall be an ordinary physician, but rather an institution . . . whose aim it shall be to push forward the boundaries of medical science, one in which honor and distinction will be found for those only who make contributions to the cause of medical science, one from which announcements may be sent from time to time so potent in their message as to stir the whole civilized world.

I reflect back on my own medical school experience here and on my great teachers who contributed to the growth of knowledge and made amazing scientific discoveries. Dr. Leon O. Jacobson, area for donor serums was the first physician to use chemotherapy. Charles B. Huggins won the 1966 Nobel Prize for establishing the relationship between hormones and cancer. Don Steiner discovered prostaglandins and revolutionized the fields of diabetes and endocrinology. Eugene Goldwasser, my biochemistry teacher, isolated erythropoietin in 1977, a substance now used to treat anemia in more than three million people each year. And just last week, my teacher and colleague who presented the Ryerson Lecture in 1988, established the link between cancer and genetics.

I also think of my clinical mentors, who taught me to be a doctor and to care for patients: the incomparable Joe Kissner, who is in the audience today; Louis Cohen, Joseph M. Baron, Alvin R. Tarlov, Arthur H. Rubenstein, and the late John E. Ultman and George E. Block.

These brilliant, innovative scientists and clinicians at Chicago have changed medicine and medical practice nationally and internationally. They were my teachers, and they remain my role models.

The Intensive Care Unit and the Development of Clinical Medical Ethics
This was the rich intellectual tradition that I experienced as a medical student and resident; I was honored to be invited to join the faculty in 1972. And then, my very first assignment as a young faculty member changed my career path permanently. My Chairman, Alvin R. Tarlov, asked me to establish and then direct the first medical intensive-care unit in our hospital and one of the first such ICUs in the city. At that time, we didn’t have good ways to monitor patients; we didn’t have effective breathing machines to treat patients; and we didn’t have doctors who specialized in intensive care, as we do now. Instead we had enthusiastic amateurs, physicians like me, who suddenly found ourselves in the ICU facing a range of clinical and ethical issues for which we were neither trained nor prepared.

I remember my residents and students asking me questions about whether we could ever stop a breathing machine after we had started using it, about how truthful we should be when we told families the prognosis of their loved ones, or how we would have decided if a patient wanted to be moved out of the ICU facing a range of clinical and ethical issues for which we were neither trained nor prepared.

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for patients and hospital staff, and doing research and writing. In 1984, we started the MacLean Center for Clinical Medical Ethics at the University of Chicago, and this work has been the center’s mission for more than twenty years. In fact, the MacLean Center has become one of the leading applied ethics programs in the world that is primarily devoted to research and training in clinical medical ethics. I would like to recognize and thank the center’s benefactors and visionary advisors, who are here today, Mary Ann and Barry MacLean.

In our search for answers to the ethical problems we faced in caring for patients, I discovered that many of the intellectual leaders of the new American bioethics movement were on the University of Chicago faculty in the early 1970s. These ethics scholars were willing to teach me and help me learn on the job—a kind of apprenticeship system.

My main teacher was James M. Gustafson, at that time University Professor in the Divinity School, with whom I met weekly beginning in 1972 to discuss real cases that had seen in the ICU the previous week that raised troubling ethical questions. Jim introduced me to Father Richard A. McCormick, one of the foremost Catholic moral theologians of the twentieth century, who was at that time at the Jesuit School of Theology in Hyde Park, and to Stephen T.oulmin, a philosopher who joined the faculty in the Committee on Social Thought in 1973. Several years later, Leon R. Kass, another distinguished bioethicist and recently the Chair of the President’s Council on Bioethics, joined the faculty. These mentoring relationships continued for the next ten years. Jim Gustafson also introduced me to Ann Dudley Goldblatt, a brilliant teacher and legal analyst, who has had a profound influence on me and friend for more than thirty years.

**Clinical Medical Ethics**

Clinical ethics aims to improve patient care and health outcomes. It does so by helping patients and families, as well as doctors and nurses, reach good decisions about medical interventions based on both the medical facts of the situation as well as the patient’s personal preferences and values.

I have spent my career as a physician taking care of people. Nothing that I do gives me as much joy and satisfaction as providing good and conscientious care to my patients. I also have spent a great deal of time thinking and writing about the doctor-patient relationship. To my surprise, my paper, “A Proposal for a New Model of the Doctor-Patient Encounter,” published in the Bulletin of the New York Academy of Medicine, was discovered in 1982 by the President’s Commission for the Study of Ethical Problems in Medicine. The commission was then rethinking the doctor-patient relationship in the United States. My paper rejected the extreme versions of physician paternalism and patient autonomy and instead proposed a new model, that of collaborative and shared decision-making. The President’s Commission accepted my view and concluded that collaborative decision-making encourages a relationship between patients and professionals characterized by mutual participation and by shared decision-making.” Since then, shared decision-making has become the prevailing model in the United States.

White, of course, I would like to claim priority for proposing this new model, I hesitate to do so because I was scooped, beaten to the punch, you might say, by Plato, about 2,400 years ago. Plato clearly shared decision-making in mind when he wrote his views about the doctor-patient relationship.

In a remarkable passage in *Laws*, Plato contrasts bad and good doctor-patient relationships. In the bad relationship, according to Plato: “The physician never asks the patient for an account of his complaints. The physician prescribes treatments in the braque fashion of a dictator, and then rushes off in haste to the next patient.” (Sounds like managed care to me.) In contrast, in the good doctor-patient relationship, “The physician treats the patient by going into things thoroughly from the beginning in a scientific way and takes the patient and family into confidence. The physician never treats until he has won the patient’s trust and then aims to produce a complete restoration to health.”

This sounds very much like shared decision-making, stressing the importance of communication, trust, and agreement between patient and doctor.

My discussion of shared decision-making in the doctor-patient relationship is just one example of how clinical ethics contributes to improving patient care and health outcomes. In the past year alone, faculty at the center have published books on a wide range of ethics topics, including Drs. John D. Lantos and William L. Meadow on neonatal bioethics, Dr. Mary Mahowald on bioethics, and Dr. Laine F. Ross on children in medical research.

Faculty members at the MacLean Center have pursued a broad range of research during the past twenty years. Topics have included the doctor-patient relationship, medical decision-making, confidentiality and privacy, informed consent, medical error, health care disparities, clinical research, end-of-life care, palliative care, neonatal and pediatric ethics, surgical ethics, reproductive ethics, ethics and oncology, ethics and genetics, and transplant ethics. Much of this work is interdisciplinary and relies on the great opportunities at this University to involve faculty from many disciplines, including public policy, law, the social sciences and the humanities. And now, I will turn to one of these topics, transplantation ethics, to show how clinical ethics contributes to medical innovation and helps improve patient care.

### Organ Transplantation Case Examples

Physician ethicists at the MacLean Center have worked closely with transplant surgeons for more than twenty years to help solve the two central ethical challenges in transplantation surgery: first, how to increase the supply of organs, and second, how to distribute available organs fairly. In 1984, Dr. Richard J. Thistlethwaite, and, including Drs. Michelle A. Josephson and David T. Rubin, proposed a new model called “the paired kidney exchange model” to increase the supply of adult kidneys.

A University of Chicago team headed by Drs. Lainie F. Ross and Richard J. Thistlethwaite, and including Drs. Michelle A. Josephson and David T. Rubin, proposed a new model called “the paired kidney exchange model” to increase the supply of adult kidneys. Figure 8 illustrates their proposal.

Let’s say Donor One wants to give a kidney to a relative, Recipient One, but there are biological barriers—like the wrong blood type—that do not allow for such a direct donation. So’s a similar problem exists for another pair of relatives, Donor Two and Recipient Two—biologic incompatibility. But what if Donor One were a good match for Recipient Two? Donor Two would then be a good donor for Recipient One? You could do a swap, this is what we call a “paired kidney transplant waiting list.” However, in the 1980s to less than 5 percent today.

When working with Dr. Broelsch and his team, our group of ethicists developed a new approach to address the ethical problems in innovative surgery. “The Chicago Model” emphasized four key elements: 1. establishing the clinical need for the innovation; 2. assuring adequate scientific and clinical strength of the team; 3. explicitly addressing protecting human subjects; and 4. announcing the plans for surgery prior to the first operation was performed.

On the matter of public disclosure, we did something that had never been done before. We published a paper—“Ethics of Liver Transplantation with Living Donors”—in the New England Journal of Medicine four months before the first operation was performed. This was done to alert the public and the transplantation community to our plans and to invite responses and criticisms of our approach. “The Chicago Model” for ethical surgical innovation has improved the process of professional self-regulation and has helped advance scientific knowledge while protecting patient rights and patient safety. Our clinical ethics work enabled Dr. Broelsch’s group to proceed with a kind of surgery that would be too risky for anyone else to perform. Since 1989, living liver transplantation has been done successfully in more than thirty countries and has saved the lives of more than ten thousand infants and children. In the United States and Europe, thanks to this new operation developed by Dr. Broelsch, more children born with congenital biliary atresia and needing a liver transplant have survived.

In Figure 5 shows the first recipient, Alyssa Smith, in 1990, with her mom, Teri, who will see Alyssa in Figure 6 at the time of her graduation from high school in May 2006—a healthy and happy teenager.

One of Chicago’s published excellent results from its series of pediatric liver donor transplant patients, many surgical programs in the United States, Europe, and Asia began to"
other. We predict that paired exchanges like these could greatly increase the supply of kidneys, in part, by opening the possibility of a national or even an international registry of unrelated donors.

Unfortunately, a major ethical obstacle has delayed the implementation of this novel idea. In the United States, only altruistic donations are currently permitted. A 1984 federal law prohibits the exchange of organs for “valuable consideration.” And the question arose: Does paired kidney exchange violate federal law? Ross and Thistlethwaite considered this issue in their 1997 New England Journal of Medicine paper, “Ethics of a Paired-Kidney Exchange Program,” and stated: “In our view, the transplantation law was not designed to prohibit altruistic donations of organs by family members or close friends.”

Despite this 1997 statement, for the past ten years legal and ethical uncertainty has limited the widespread application of paired kidney exchanges. I am delighted to say that this uncertainty is about to be resolved very soon. In March 2007, the U.S. House and Senate unanimously passed legislation, called the Charlie W. Norwood Living Organ Donation Act, which amends the National Organ Transplant Act of 1984 specifically to allow paired exchange to go forward without risk of criminal or civil penalties. The president is expected to sign the Norwood bill when it reaches his desk.

Because the paired exchange program encouraged the use of living donors who were unrelated to each other, many think this proposal opened the door to a broader consideration of using market solutions to address the organ shortage problem. Two of our distinguished colleagues at the University, Professors Gary S. Becker and Richard A. Epstein, have written powerful and controversial papers proposing that the buying and selling of organs be legalized.

My colleague Dr. David O. Meltzer conducted research for the Institute of Medicine that showed that in transplant areas with larger populations, donated livers often went to people who could have waited two or three more years before needing a transplant. Based on this research, Dr. Meltzer and the Institute of Medicine committee recommended sharing livers across geographic regions and allocating livers based on clinical need rather than on either geography or time on the waiting list. The official name for this new recommendation is the MELD system, which stands for “Model for End-Stage Liver Disease.” Several years of data now suggest that the new MELD system is more equitable and more effective than the previous geographic system and is saving an additional 300 to 500 lives each year.

Our work with Chinese doctors and health policy leaders offers an unprecedented opportunity to apply the earlier ethics work at the University of Chicago to help China increase its supply of organs for transplantation and to obtain the organs in an ethically acceptable way. The clinical problem in China is the dire scarcity of organs. China estimates that as many as 1.5 million people currently need an organ, usually a liver transplant. The need is so great because of the high incidence of liver failure from hepatitis B, which is endemic in China. Currently, China performs only ten thousand transplants a year, which doesn’t come close to meeting their need for 1.5 million organs.

Even with regard to the ten thousand transplants that are done in China each year, there is also a major ethical problem. Currently, 95 percent of Chinese donor organs come from executed prisoners. This raises such further ethical questions as:

• Are prisoners being executed to get organs?
• Can condemned prisoners really give voluntary informed consent the night before their execution?

Should organs be sold to non-Chinese visitors (so-called “transplant tourism”)?

The Chinese organ transplantation system is under attack. Nationally, China is reviled for human rights violations, such as using executed prisoners to obtain organs. Our work with Chinese doctors and the Institute of Medicine that showed that in transplant areas with larger populations, donated livers often went to people who could have waited two or three more years before needing a transplant. Based on this research, Dr. Meltzer and the Institute of Medicine committee recommended sharing livers across geographic regions and allocating livers based on clinical need rather than on either geography or time on the waiting list. The official name for this new recommendation is the MELD system, which stands for “Model for End-Stage Liver Disease.” Several years of data now suggest that the new MELD system is more equitable and more effective than the previous geographic system and is saving an additional 300 to 500 lives each year.

Our conclusion, in sum, is this:

1. Improve the training of Chinese transplant surgeons.
2. Decrease the number of approved transplant programs in China.
3. Establish a national registry of transplant programs, which no country currently has.
4. Develop a national system of organ sharing across regions.

China hopes to achieve these ethical outcomes through this new partnership with the University of Chicago:

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first changes were instituted when China decreased the number of approved transplanted programs from six hundred to approximately one hundred and established the national transplant registry.

My point in examining the China story at some length is to tell you what the University of Chicago and its clinical ethics group are doing in the world to improve not only transplantation practices but also to contribute to improving global human rights. Those of us working on the Chicago side of the China grant are not naive. It is not a done deal that the changes promised in China's transplantation policy will happen or that they will happen in the short time frame we would like. But our collaboration with the leaders of Chinese medicine is a milestone. Vice-Minister Huang's paper in Liver Transplantation was a public declaration of China's intent, and we at the MacLean Center and at the University are cautiously hopeful that improved clinical and ethical transplantation standards will come from this partnership.

Summary

Today I have described about a century of contributions by University of Chicago physicians and ethicists to the field of organ transplantation.

It has been our privilege at the MacLean Center to work closely with colleagues at the University, and with health professionals nationally and globally, to improve ethical standards in organ transplantation. These improvements have helped to advance transplantation and have contributed to saving lives in this country and throughout the world.

We know that we will see many more innovations in medicine and surgery in the next one hundred years as diseases that today are incurable yield their secrets and become curable. Isn't that the meaning of innovations in medicine and surgery in the next one hundred years as diseases that today are incurable yield their secrets and become curable. Isn't that the meaning of

The Nora and Edward Ryerson Lectures

The Nora and Edward Ryerson Lectures were established by the Trustees of the University in December 1972. They are intended to give a member of the faculty the opportunity each year to lecture to an audience from the entire University on a significant aspect of his or her research or study. The President of the University appoints the lecturer on the recommendation of a faculty committee, which solicits individual nominations from each member of the faculty during the Winter Quarter preceding the academic year for which the appointment is made.

Previous Ryerson Lecturers

1973–74
John Hope Franklin, “The Historian and Public Policy”

1974–75
Subrahmanyan Chandrasekhar, “Shakespeare, Newton, and Beethoven: Patterns of Creativity”

1975–76

1976–77
Robert E. Streeter, “WASPs and Other Endangered Species”

1977–78
Albert Dorfman, M.D., “Answers without Questions and Questions without Answers”

1978–79
Stephen Toulmin, “The Inwardness of Mental Life”

1979–80
Erica Reiner, “Thirty Pieces of Silver”

1980–81
James M. Gustafson, “Saying Something Theological?”

1981–82
Saunders Mac Lane, “Proof, Truth, and Confusion”

1982–83
George J. Stigler, “Laissez faire Vite et”

1983–84
Karl J. Weintraub, “. . . with a long sense of time . . .”

1984–85
James S. Coleman, “Schools, Families, and Children”

1985–86
John A. Simpson, “To Explore and Discover”

1986–87
Wayne C. Booth, “The Idea of a University as Seen by a Rhetorician”

1987–88
Janet D. Rowley, “Finding Order in Chaos”

1988–89
Gary S. Becker, “Human Capital Revisited”

1989–90

1990–91
Stuart M. Tave, “Words, Universities, and Other Odd Mixtures”

1991–92

1992–93
Philip Gourevitch, “Knowing the Score: Italian Opera as Work and Play”

1993–94

1994–95
Wendy Doniger, “Myths and Methods in the Dark”

1995–96

1996–97
Eugene N. Parker, “Probing Space through Measurements and Meditations on Your Porch”

1997–98
Bernard Riezman, “Herpes Simplex Viruses: Our Lifetime Unwanted Guests and a String of Pearls”

1998–99
David Bevington, “Shakespeare Faced Retirement”

1999–2000
Leo P. Kadanoff, “Making a Splash, Breaking a Neck: The Development of Complexity in Physical Systems”

2000–01
Martha K. McClintock, “Scents and Sensibility: Pheromones, Social Dynamics, and the Control of Fertility and Disease”

2001–02
Susanne Hober Rudolph and Lloyd I. Rudolph, “Engaging Subjective Knowledge: Narratives of and by the Self in Amar Singh Diary”

2002–03
Stephen M. Stigler, “Casanova’s Lottery”

2003–04

2004–05
Robert J. Richards, “The Narrative Structure of Moral Judgments in History: Evolution and Nazi Biology”

2005–06
Tanya Luhrmann, “Chicago’s Netherworld: An Ethnography of Psychosis on the Street”

The Idea of a University as Seen by a Rhetorician

To Explore and Discover

Wayne C. Booth

1986–87

Janet D. Rowley

1988–89

Gary S. Becker

1989–90

James W. Cronin

1990–91

Stuart M. Tave

1991–92

Marshall Sahlins

1992–93

Philip Gourevitch

1993–94

William Julius Wilson

1994–95

Wendy Doniger

1995–96

Cass R. Sunstein

1996–97

Eugene N. Parker

1997–98

Bernard Riezman

1998–99

David Bevington

1999–2000

Leo P. Kadanoff

2000–01

Martha K. McClintock

2001–02

Susanne Hober Rudolph and Lloyd I. Rudolph

2002–03

Stephen M. Stigler

2003–04

Robert B. Pippin

2004–05

Robert J. Richards

2005–06

Tanya Luhrmann

6

THE UNIVERSITY OF CHICAGO RECORD
University Memorial Service

Address

By Alison L. Boden

November 5, 2006

The following list contains the names of those whose deaths have been recorded with Rockefeller Memorial Chapel between September 15, 2005, and September 15, 2006. Please direct any comments regarding the names listed here to Lorraine Brochu, Rockefeller Memorial Chapel, 773-702-7059.

Memorial Roll 2006

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Frederick L. Scott
Scott Michael Scowell
J. Edwin Segmiller
Leslie R. Seeligson
Evelyn Marjorie Seifried
Richard H. Seip
Richard K. Seyfarth
Edwin Shapiro
Robert Benjamin Shapiro
Willis H. Shapley
Martin E. Shaw
Florence K. Sherman
William Heinrich Shultz
Bernard H. Segan
Irving E. Sigel
Mildred Sikkema
Jack Silber
Frieda Simon
Glenn W. Slade
Walter J. Smailakis
Charles Arthur Smith
Daniel C. Smith
Evelyn S. Smith
Leslie Jane Smith
Ralph O. Smith
Lauren A. Sosniasik
Charles Morton Spence
Frank Curtis Springer
Charles W. Stanley
Leslie E. Starks
Robert J. Stasney
William J. Starns
Elizabeth B. Stein
Walter S. Stephens
Edwin L. Sterne
Edward J. Stoll
Ronald C. Stone
Robert P. Straetz
Dorothea C. Stratton
Charles Allen Stetshub
Mozziq S. Sujjakicovic
Elmer W. Sundberg
Albert C. Svoboda
Robert W. Swordis
Walter J. Tally
Flannia C. Taylor
F. Wendell Tebbens
Charles L. Thompson
William Phelps Thompson
Jessie M. Thornton
Olga A. Tittelbaum
Mildred R. Tordella
Ignacio Torres
Frank H. Townsend
Marvin B. Travis
Paul E. Treusch
Alexander Tseng
Perry E. Tudor
Robin Alex Tuerskie
Robert P. Tully
Betty Clo Turtle
Stanley C. Tuztteman
Paul H. Upchurch
Grant W. Urry
Ottile A. E. Van Allen
Dorothy G. Van Bortel
Lawrence E. Van Buskirk
Alice B. Van Paaschen
David Leonard Vear
Erika Vetter
Charles J. Vujta
Angela Maria Volan
Henry F. Vollmer
Florence K. Voss
Edward H. Wagenaar
Michael Jonathan
Wallerstein
George Edouard Walraefen
Verno W. Wipples
Robert R. Ware
Joann Stewart Warfel
Arthur B. Watts
Paul J. Weber
James L. Weil
Ralph Weil
Irene M. Werner
B. Kenneth West
Winfred E. Weter
George W. Wetherill
Jerome J. Wexler
Thomas L. Whisler
Margaret Louise Hiett
Whitetside
Raymond L. Wilkins
Earl L. Will
Richard S. Williams
William C. Wheth
Donald Gene Wold
Gary L. Woller
Merle P. Woodall
Fred R. Wright
Annette Yonke
Frederick S. Youstersetter
Oskar R. Zaborsky
William S. Zafersen
Mohammad Javed Akbar
Zaki
Sophie V. Zimmermann
Thomas G. Zsembik
Edwin F. Zukowski
Facility Appointments and Promotions

Appointments
January 2, 2006, through January 1, 2007

Professor
Habibul Ahsan, Health Studies and the
College
Clifford Ando, Classics and the College
George Baktis, Medicine
Susan L. Cohn, Pediatrics
Peter Crane, Geophysical Sciences and the
College
John Cunningham, Pediatrics
Andrew Davis, Geophysical Sciences, Enrico Fermi Institute, and the
College
Jia-Hong Gao, Radiology
Neil B. Guterman, School of Social Service Administration
Samuel Kortum, Economics and the
College
Rameshwor Lal, Medicine
Gregory F. Lawler, Mathematics and the
College
Christian Leuz, Graduate School of Business
Anup Malani, Law School
Ilgio Manglano-Ovalle, Visual Arts and the College
Karl S. Matlin, Surgery
Jeffrey B. Matthews, Surgery
David B. Nirenberg, Committee on Social Thought and the College
Nanduri R. Prabhakar, Medicine
David B. Nirenberg, Committee on Social Thought and the College

Associate Professor
Kerwin Charles, Irving B. Harris Graduate School of Public Policy Studies
Jane E. Dailey, History and the College
Mahesh P. Gupta, Surgery
William G. Howell, Irving B. Harris Graduate School of Public Policy Studies
Rick Kintles, Medicine
Jerry A. Krishnam, Medicine
Yves Lussier, Medicine
Marc Ovadia, Pediatrics
Mario Small, Sociology and the College
Steven Wilkinson, Political Science and the College

Assistant Professor
Hussein Agrama, Anthropology and the College
Yasemin Altn, Computer Science and the College
Tania Bruguera, Visual Arts and the College
Paul B. Cheney, History and the College
Tamara Chin, Comparative Literature and the College
Paul Capp, East Asian Languages & Civilizations and the College
Ping Fong, Art History and the College
Richard P. Fox, Divinity School
Michael Gladders, Astronomy & Astrophysics and the College
Petra M. Goedegebuure, Oriental Institute, Near Eastern Languages & Literatures, and the College
Michael A. Grassi, Ophthalmology & Visual Science
Veronica Guerrero, Graduate School of Business
Marlone Henderson, Psychology and the College
Ginar J. Henry, Surgery
James Holaska, Medicine
Richard B. Jones, Ben May Institute for Cancer Research
Sham Kakade, Computer Science and the College
Emir Kamenica, Graduate School of Business
Alison LaCroz, Law School
Juhani Tapio Linnainmaa, Graduate School of Business
Hue H. Liao, Surgery
Jonathan R. Lyon, History and the College
Jason N. MacLean, Neurobiology, Pharmacology & Physiology
Isaone Marinescu, Irving B. Harris Graduate School of Public Policy Studies
Ivan Moskowitz, Pediatrics
Jennifer E. Mosley, School of Social Service Administration
A. Yesum Orhun, Graduate School of Business
Monica Peru, Medicine
Verity Platt, Art History and the College
Russell R. Reid, Surgery
Steven Rings, Music and the College
Lisa A. P. Sanchez-Johnsen, Psychiatry
Jennifer Scappettone, English Language & Literature and the College
Robin A. Shoaps, Anthropology and the College
Alberto Simper, Political Science and the College
Daniel J. Spiegel, Medicine
Nathan Srebro, Computer Science and the College
Catherine Sullivan, Visual Arts and the College
Kenji Suzuki, Radiology
Misha Taipale, Obstetrics & Gynecology
Francesco Trebbi, Graduate School of Business
Wim VanDrongelen, Pediatrics
Tyler J. VanderWeele, Health Studies
Barton Wicksteed, Medicine
H. Rowan Xing, Pathology
Jinbo Xu, Computer Science and the College
Jun Yin, Chemistry and the College
Ting Zhu, Graduate School of Business
Andre Zlatos, Mathematics and the College

Collegiate Assistant Professor
Aasif Q. Ahmed, College
Lara L. Cohen, College
Paja Faudree, College
Samantha Fentos, College
Sarah R. Graff, College
Desarai J. Matherly, College
Richard Andrew Westerman, College
Karim J. Zitewitz, College

Instructor
Bahaferi Akinrinade, Center for International Studies

Vigleik Angelvret, Mathematics and the College
Matthew C. Bainbridge, Mathematics and the College
Tahagata Basak, Mathematics and the College
Karna Basu, Economics and the College
Martin A. Bazi, Pediatrics
Amal A. Bishara, Anthropology and the College
Angela Bradbury, Medicine
Nathan D. Broadus, Mathematics and the College
Rena M. Conti, Pediatrics
Patricia Cortes, Graduate School of Business
Mikhal Ershov, Mathematics and the College
Seda Ercan, Economics and the College
Ronald R. Espinal, Pediatrics
Heather Fagan, Pediatrics
Thomas L. Fisher, Medicine
Jeffrey Gosssett, Pediatrics
Grigor T. Grigorov, Mathematics and the College
Ron Hadani, Mathematics and the College
Arata Hamawaki, Philosophy and the College
Seth Jolly, Committee on International Relations
You-Se Kim, Mathematics and the College
Gabriel S. Koch, Mathematics and the College
Peter Kondor, Graduate School of Business
Monica K. Lee, History and the College
Stanley Liuu, Radiation & Cellular Oncology
Daniel A. Llano, Neurology
Michael Maitland, Medicine
Wayne Marshall, Health Studies and the College
Kevin Narryn, Committee on International Relations
Adriana Oroczo-Kellermeier, Pediatrics
Minoh Perera, Medicine
Sonja K. Pieck, New Collegiate Division
Blase Polite, Medicine
Joseph K. Salama, Radiation & Cellular Oncology
Benjamin I. Schmidt, Mathematics and the College

Promotions
January 2, 2006, through January 1, 2007

Associate Professor to Professor
Harriet de Wit, Psychiatry
Peter F. Dorman, Oriental Institute, Near Eastern Languages & Civilizations, and the College
Jean-Pierre H. Duhe, Graduate School of Business
Luis Garicano, Graduate School of Business
Sarah Gehlert, School of Social Service Administration
Robert K. Ho, Organismal Biology & Anatomy and the College
Erik G. Hurst, Graduate School of Business
Adrian D. J. Johns, History, Committee on Conceptual & Historical Studies of Science, and the College
Woson Kang, Physics, James Franck Institute, and the College
Robert L. Kendrick, Music and the College
Anning Lin, Ben May Institute for Cancer Research and the College
Susan E. Mayer, Irving B. Harris Graduate School of Public Policy Studies
Mary Sara McPeek, Statistics and the College
John C. McCormick, Political Science and the College
Richard Theodore Neer, Art History and the College
Angelo V. Olinto, Astronomy & Astrophysics, Enrico Fermi Institute, and the College
John E. Oliver, Political Science and the College
Wendy R. Olmsted, New Collegiate Division
Robert C. Peters, Visual Arts and the College
Damon J. Phillips, Graduate School of Business
Monika Piazzesi, Graduate School of Business
Lainie Friedman Ross, Pediatrics
Leonid V. Ryzhik, Mathematics and the College
Susan Schreiner, Divinity School
Walter M. Stadler, Medicine

Assistant Professor to Associate Professor
Alia Hortaccuso, Economics and the College
Bruce T. Labh, Human Genetics and the College

Assistant Professor to Associate Professor
Maria-Luisa Alegre, Medicine
Samuel G. Armano, Radiology
Robert Bird, Slavic Languages & Literatures and the College
David C. Bradley, Psychology and the College
Avery Fishbach, Graduate School of Business
Tong-Chuan He, Surgery
Yale F. Jiang, Radiology
Sergio A. Kozinski, Chemistry and the College
Andrey Kravtsov, Astronomy & Astrophysics, Enrico Fermi Institute, and the College
Jocelyn Malamy, Molecular Genetics & Cell Biology
Pavli Markell, Polysciences and the College
Dan Liviu Nicola, Medicine
Suresh Ramanathan, Graduate School of Business
Luis Rayo, Graduate School of Business
Susanne M. Schennach, Economics and the College
Sardeep Sethi, Physics, Enrico Fermi Institute, and the College
Chad Syverson, Economics and the College
Dexter R. Voisin, School of Social Service Administration
Amittha Wickrema, Medicine
Yimin Zou, Neurobiology, Pharmacology & Physiology and the College

Instructor to Assistant Professor
Miklos Abert, Mathematics and the College
Vineet Arora, Medicine
Bulent Aydogan, Radiation & Cellular Oncology
Anirban Basu, Medicine
Steven Chmura, Radiation & Cellular Oncology
Patricia Cortes, Graduate School of Business
Maria L. Dowell, Pediatrics
Douglas Kyle Hogarth, Medicine
Peter Kondor, Graduate School of Business
Elaine Petrof, Medicine
Kenan Qin, Pediatrics
Esra Fatma Tasali, Medicine
I. Statement
Sexual assault is a criminal act that violates the standards of our community and is unacceptable at the University. Sexual as-
sault can be devastating to the person who experiences it directly and can be traumatic to those who witness, care for, friends, and larger community as well. Anyone who believes she or he has been sexually assaulted is en-
couraged to report the incident and to seek medical care as soon as possible, regardless of the definitions provided below.

II. Policy Application and Resources
The University’s sexual assault policy applies to students, staff, postdoctoral scholars and fellows, faculty, and other academic personnel, as well as to anyone on whom the University has formally conferred a title, regardless of employment status. For these individuals, the University provides education and sexual assault pre-
vention resources, offers numerous support services and referrals for anyone who has experienced sexual assault, encourages and facilitates reporting and prosecution of sexual assault, and is committed to dis-
ciplining anyone who violates this policy. The University may also investigate alleged violations of this policy received from in-
dividuals outside the institution regarding individuals within the University if, for example, the alleged violation occurred on University property.

III. Definitions and Important Principles
The University’s definition of sexual assault encompasses the State of Illinois Criminal Code’s current terminology and defini-
tions of both sexual assault (frequently referred to as rape) and sexual abuse. The University incorporates the State’s very explicit list of circumstances where consent is not considered to exist, which adds two important principles, and recognizes that sexual assault is not a gender-specific crime.

Sexual assault is:
• an act of sexual penetration or sexual conduct by the use of force or threat of force, including threatening or endanger-
ging the life of the victim or any other person; or
• an act of sexual penetration or sexual conduct where the accused knew that the victim was unable to understand the nature of the act or was unable to give knowing consent; or
• an act of sexual penetration or sexual conduct with a victim who was under age 17 when the act was committed, or with a victim who was under age 18 when the act was committed and the accused was age 17 or more and held a position of trust, authority, or supervision in relation to the victim; or
• an act of sexual penetration or sexual conduct with the accused delivered (by injection, inhalation, ingestion, transfer of possession, or any other means) to the vic-
tim without his or her consent, or by threat or deception, or for other medical purposes, any controlled substance.

*The age of consent in Illinois is 17 but rises to 18 if the accused holds a position of trust, authority, or supervision in relation to the victim.

“Sexual penetration” means any contact, however slight, between the sex organ or anus of one person and an object, any part of another person’s body, including any part of the body of one person or any part of the body of another person, or any intrusion, however slight, of any part of the body of one person or any part of the body of another person, including but not limited to cunnilingus, fellatio, or anal penetration.

“Sexual conduct” means any inten-
tional or knowing touching or fondling by the victim or the accused, either directly or through clothing, of the sex organ, anus, or breast of the victim or the accused, or any part of the body of a child under 13 years of age, or any transfer or transmission of semen by the accused upon any part of the clothed or unclothed body of the victim, for the purpose of sexual gratification or arousal of the victim or the accused.

“Victim” means a person alleging to have been subjected to conduct prohibited by this policy and does not imply pre-judgment.

“Accused” means a person accused of conduct prohibited by this policy and does not imply pre-judgment.

“Force or threat of force” means the use of force or violence, or the threat of force or violence, including but not limited to (1) when the accused threatens to use force or violence upon the victim or on any other person, and the victim under the circum-
stances reasonably believes that the accused has the ability to execute that threat or (2) when the accused has overcome the victim by use of superior strength or size, physical restraints, or physical confinement.

“Consent” is the freely given agreement to the act of sexual conduct or sexual pen-
etration in question. The lack of explicit consent does not imply consent. The lack of verbal or physical resistance is not evidence of consent.

The University recognizes that evidence of giving consent.

Use of alcohol or drugs may impair an individual’s capacity to consent freely and may render an individual incapable of giving consent.

Important Principles
Confidentiality
The University of Chicago will make every reasonable effort to preserve an individual’s privacy and protect the confidentiality of information related to sexual assault. The University will not release information about sexual assault unless the University receives a sexual assault awareness alert, a brief description including time and location, to notify the community about the occurrence of a serious crime or pattern of crimes that might put the public at risk. The University is also required by law to tabulate and annually report sexual assault statistics to the public. These statistics and the list of people to whom a crime may be reported for it to be included in the statistics appear in the publication Common Sense, http:// commonsense.uchicago.edu. Neither safety awareness alerts nor campus crime statistics can be released unless the victim has been sexually assaulted. The State will not release the name of the victim if he or she has been sexually assaulted, or the name of the accused to the public.

Confidentiality of disciplinary proceedings deserves special mention. Honoring the confidentiality of disciplin-
ary proceedings and their outcomes is the responsibility of the accused, the victim, the institution, and all others participating in or privy to those proceedings. Unless dis-
closure is authorized by law, failure to re-
semble openness and fairness of the proceedings and their outcomes result in discipline.

Institutional Obligation
Because sexual assault is a serious crime that may threaten the community as a whole, in rare instances the University may be obligated to pursue an alleged sexual assault through internal disciplinary procedures without the cooperation of the victim. Always in such instances, the University will inform the victim of its obligation to address a community safety issue.

IV. Support Services and Resources
The needs of someone who has been sexu-
ally assaulted vary from person to person and vary over time. This University offers a diverse array of services and ex-
ternal resources, many of which may be accessed twenty-four hours a day, so that a person may choose what she or he would find most helpful and healing. Many of those resources are described at http://rape.uchicago.edu/resources/.

The University urges anyone who has been sexually assaulted to seek support as soon as possible to minimize and treat physical harm, assist with processing the unique and complex emotional aftermath, and help preserve and understand options for pressing charges. Even for someone who does not wish to report the event to the police or pursue disciplinary action, seeking medical attention as soon as pos-
sible is important. If a person feels that she or he is not able to come forward, the University of Chicago is prepared to help her or him.

Resources for Everyone
University of Chicago Hospital Emergency Room
Medical and Counseling Services 773-702-6230
901 East 57th Street (24 hours)
The Mitchell Emergency Room follows specific policies and procedures, approved by the State, in treating anyone who has been sexually assaulted. The State will pay for emergency room care for victims who have been sexually assaulted and do not have health insurance. If the victim pro-
vides health insurance information to the emergency room, the emergency room will bill the insurance company and the policy holder will be notified as soon as possible.

The victim is placed in a private room.

By law, city police are notified; and the State will notify the victim, including personal safety and prompt medical care.

If the victim is a student, the University Police Department recommends the prompt reporting of sexual assaults. Nevertheless, individuals should not be reluctant to file a report at a later date. In general, a report must be made to the police no more than two years after the sexual assault. (The rules are different for circumstances involving DNA evidence of rape if the victim is under age 18.) Reporting an incident does not obligate a person to press charges. For more information, visit http://oca.uchicago.edu/safety/police/.

111 South East Chicago Commission
Victim Assistance Program
773-324-6926
1511 East 53rd Street
The Victim Assistance Program helps anyone who has been sexually assaulted understand the relevant provisions and procedures of the criminal justice system. A staff person will accompany the victim at any time, if wanted, to help with the process or just to present in the police station or court. For more information, visit http://oca.uchicago.edu/safety/secc.html.

Religious Organizations
There are a variety of groups offering pastoral care and a community of faith to address individual needs. For a listing of organizations, visit http://rotc.uchicago.edu/vols/.

Resources Especially for Students
Sexual Assault Dean-on-Call
773-702-8181, via University Police
773-834-HELP, via operator (24 hours)
At any time, students may contact a Sexual Assault Dean-on-Call if a student who is trained to respond to sexual assault emergencies. A caller does not have to tell the operator why he or she is calling or give his or her name. A student may contact this Dean even if he or she has not decided yet whether to report the sexual assault to the police. This service is available twenty-four hours a day to answer general personal questions related to sexual assault and can help with:
• finding emotional support

IPI

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THE UNIVERSITY OF CHICAGO RECORD

April 19, 2007

The University of Chicago Sexual Assault Policy

Become a fan on Facebook

Follow us on Twitter
• getting medical care
• reporting the crime to the police
• preserving evidence, and, if the student wishes, pressing charges
• adjusting living arrangements
• managing academic obligations
• getting counseling

For more information, visit http://deanoncall.uchicago.edu.

Student Care Center
773-702-4156
5841 South Maryland Avenue
Physicians and certified nurse practitioners provide for students ongoing follow-up health care and services, including pregnancy testing, counseling, and referral services; and sexually transmitted disease testing, diagnosis, and treatment. The physician-on-call is available twenty-four hours a day for emergency consultation. While acute, immediate post-assault treatment is provided at the Mitchell Emergency Room, the Student Care Center offers follow-up care, including health-care services for students who have chosen not to seek care immediately after an assault. For more information, visit http://scc.uchicago.edu and http://scc.uchicago.edu/appointments.htm.

Peer Health Educators
773-702-4156

For more information, visit http://scc.uchicago.edu/healthissues.htm.

College Programming Office
773-702-8616
CPO presents an annual program called Sex Signals for incoming undergraduate students on issues of alcohol, dating, sex, and consent. For more information, visit http://cpo.uchicago.edu.

Resources Especially for Staff, Other Academic Personnel, and Faculty
Primary Care Group Physician or Nurse Practitioner/Physician-on-Call
773-702-6940
UHRMEmployee/Labor Relations for staff
773-702-4411
Provoest’s Office (for faculty and other academic personnel)
Ingrid Gould, 773-702-8846
Perspectives
(Staff and Faculty Assistance Program, 24 hours)
800-456-6327
Counseling services are provided to employees affected directly and indirectly by sexual assault. For more information, visit http://www.perspectivesild.com.

Non-University Resources for Everyone
Chicago Rape Crisis Hotline
(Immediate and long-term referrals, information, and counseling; 24 hours)
888-293-2080
LGBT Crisis Hotline
(information, counseling, and referrals; 24 hours)
773-871-2273
Chicago Women’s Health Center
(gynecological care and counseling)
773-935-6126
Metro YWCA (counseling and legal advocacy)
312-372-6600
Harriss YWCA (counseling and legal advocacy)
773-935-1100
Center on Halsted
.services for the LGBT community)
773-472-6469
Rape Victim Advocates
(counseling)
312-663-6303
Mayor’s Office for Domestic Violence (information and referrals; 24 hours)
877-863-6338
Chicago Bar Association
(lawyer referral service)
312-554-2001

V. University Discipline Procedures

The appropriate University disciplinary avenue is determined by the status of the person accused of sexual assault. Anyone may choose to bring forward a complaint within the University instead of or in addition to seeking redress outside the institutional system. Someone with a complaint of sexual assault may also opt to pursue his or her case via the legal system without engaging the University’s disciplinary process, although, in the interest of community safety, the University may be obliged to pursue an alleged sexual assault through internal disciplinary procedures. Unlike the State of Illinois, the University does not impose a time limit after which it will not consider formal complaints of sexual assault. However, timely disciplinary processes take advantage of the freshness of recollections and evidence and can enable the victim more promptly to resolve what is often a traumatic and painful situation.

If the accused is a student, a complaint is addressed within the procedures for student discipline described in the Student Manual of University Policies and Procedures. The complaint should be addressed to the Dean of Students in the accused student’s academic unit (College, division, or school). If the accused is a faculty member or other academic personnel member, a formal complaint is initially addressed by the cognizant academic Dean and an Associate Provost, and, as warranted, by the Provost.

Sanctions for a member of the University community found to have sexually assaulted another person may include termination of employment or expulsion. If, after a University of Chicago degree is awarded, the Dean of Students is informed of misconduct that occurred before the degree was awarded, disciplinary proceedings may be initiated. If an area disciplinary committee is convened, the committee may recommend revocation of the degree.

VI. Related Policies

Policy on Unlawful Discrimination and Harassment: http://www.uchicago.edu/docs/units/policies/p2000s/p208.html
Personnel Policy U601, Treatment of Confidential Information: http://hr.uchicago.edu/policies/p601.html
Personnel Policy U402, Counseling Services: http://hr.uchicago.edu/policies/p402.html
University Disciplinary Systems for Students: http://www.uchicago.edu/docs/studentmanual/studentlife.html#discipline
Personnel Policy U703, Progressive Corrective Action: http://hr.uchicago.edu/policies/p703.html
Personnel Policy U208, Termination of Employment: http://hr.uchicago.edu/policies/p208.html

VII. Sexual Assault Policy Committee
Ingrid Gould, Offices of the Provost and President, cabr
Andrew Puckett, graduate student
Michelle Rengarajan, undergraduate student
Theodore C. Stamatakos, Office of Legal Counsel
Sheila Yarbrough, Office of the Vice-President and Dean of Students

Kipp R. Martin, Professor, Graduate School of Business
Andrew Puckett, graduate student
Michelle Rengarajan, undergraduate student
Gregory L. Hillhouse, Professor, Department of History and the College
Andrew Puckett, Vice-President and Dean of Students
The Policy and Procedures concerning Sexual Harassment (adopted by the Council of the University Senate on May 8, 1990, and revised on February 12, 2002) require that an annual report be made to the Council (1) describing and implementing a program to prevent sexual harassment and (2) reviewing the incidents brought to the attention of the Sexual Harassment Complaint Advisor or the Panel on Sexual Harassment. This is the report for the period July 1, 2005, to June 30, 2006.

Prevention and Education

The pamphlet, Sexual Harassment: What We Can Do, was updated to indicate the names and telephone numbers of the new and continuing Complaint Advisors. A link to the complete University policy on sexual harassment can be found in the paper and electronic versions of the pamphlet. This year, the announcement of the availability of the new brochures included information about a second pamphlet that describes support services in cases of sexual assault. Both pamphlets were distributed to units that requested copies of the 2003–06 sexual harassment prevention brochure.

The number of requests for sexual harassment prevention presentations by current Complaint Advisors during orientations and trainings increased. New administrators who are former Complaint Advisors were sometimes called upon to address the topic in their units’ orientation meetings. The most frequent audiences continued to be graduate students, tutors, and teaching assistants. There were more presentations in units where incidents related to sexual harassment had occurred. Audiences are consistently interested in understanding the definition of sexual harassment, learning more about the severity and pervasiveness, and being given examples of conduct that resulted in disciplinary action.

Monthly Complaint Advisor meetings included discussions with representatives from student service offices, such as Student Counseling and Resource Services, the Office of the Student Ombudsman, and the Sexual Assault Deans on Call. Other sessions involved discussions with the Provost, the Associate General Counsel, and representatives from University Human Resources Management. Complaint Advisors also participated in a practicum on advising and consulting, which involved learning to manage difficult advising situations and role-playing complaint scenarios. Participants indicated in their assessments that the role-playing exercise was particularly helpful.

Victory of Women: Sexual Harassment in Academia, the film and workshop designed for higher education settings featuring real people involved in complaints, was used again in response to a request. The workshop received consistently high marks for generating deeply relevant discussions about the consequences of sexual harassment, consent, and the protection of academic freedom. It also has been recommended for use with faculty audiences.

One concern expressed this year was the possibility of a conflict of interest when complaints involving students arise. A Dean of Students may be contacted in her capacity as a Complaint Advisor by someone seeking the informal resolution of a harassment-related matter having to do with a student in her area. If there is a subsequent formal complaint against the same student, there will need to be a discussion of how the case will be administered by the Dean of the student whose conduct is in question. The Dean of Students may be significantly influenced and her objectivity questioned. This issue was taken up by the Deputy Provost for Research and Education and the Office of the Vice-President and Dean of Students in the University for consideration of procedural modifications that could be implemented in such circumstances.

New Policy

The Council of the University Senate adopted a University-wide Policy on Unlawful Discrimination and Harassment on February 28, 2016, that retired its predecessor. Built on experience with the strengths of the Policy on Sexual Harassment, the new policy addresses all bases of unlawful harassment, including race, color, religion, sex, sexual orientation, gender identity, national or ethnic origin, age, veteran status, or disability. At the recommendation of the Vice-President and Dean of Students in the University, the Provost and Associate Provost agreed to implement the policy for the 2006–07 academic year. A plan for educating student service staff about the application of key harassment concepts to other forms of unlawful harassment was developed. Orientation materials and exercises for new Complaint Advisors were selected to prepare them for their roles as informal complaint resolution facilitators for members of the University community who have concerns.

Outcome of Unresolved 2004–05 Complaints

Last year, there were two cases pending. The lawsuit filed by two staff members whose Fair Employment Practices Agency (FEPA) charges were substantiated by independent investigation was settled, and harassment training for all supervisory personnel in the department was a major provision of the agreement. The lawsuit brought against the University by the employee of a faculty sexual harassment by an academic employee has advanced to a jury trial. In addition, the employee is being sued directly by the plaintiff.

Contacts Regarding Faculty and Other Academic Personnel

There were eight contacts this year, none of which were formal complaints. Four informal complaints were addressed, and four contacts were classified as “other.” In the first informal complaint, a Dean contacted the Associate Provost to confer regarding a sexual harassment complaint. In response to a report that a faculty member had asked a faculty job candidate for a date during the candidate’s visit. The Chair met with the faculty member on their parts. In the other informal complaint, which was brought against the University’s policy on consensual relationships, and underscored the inappropriateness of his behavior, the chair of the reprimand was placed in his file.

In separate instances, two faculty members, each of whom had been reprimanded in the past for inappropriate conduct, were notified that there had been new reports of offensive, sexually related workplace conduct on their part. In the first instance, an investigation has been initiated into allegations by several staff members of inappropriate remarks, touching, and leering. In the second case, the Chair discussed the student complaints with the faculty member, who apologized for his comments to students and the resultant impedance to their program participation. The faculty member was removed from student supervision and required to undergo an assessment. Both outcomes are pending.

The Associate Provost was contacted by a student who claimed previously about unwanted communication from a faculty member with whom there had been a prior consensual relationship. The Associate Provost met again with the faculty member who admitted contacting the student in violation of a no-contact agreement. The faculty member apologized and has since left the University.

Other contacts included an exit interview in which a faculty member apologized for informal language and behavior. The Chair as just as patronizing toward women scholars; student (male and female) reports that a faculty member showed significant favoritism toward women; a student of women students; advice sought by an academic administrator who had been told his joke was inappropriate; and guidance sought by the employee of an affiliate on how to avoid a faculty member’s repeated unprofessional remarks.

Contacts Regarding Staff

Of the five contacts, three were formal complaints against staff and two were classified as “other.” Of the two complaints that resulted in terminations, a student worker complained of sexual harassment by two staff supervisors with whom she previously had consensual relationships. The supervisors denied the allegations, the investigation supported the student worker’s version of events, and the supervisors were terminated. In the second case, a staff employee complained that her supervisor had pulled her onto his lap during a staff meeting. In addition to the supervisor’s termination, Complaint Advisors provided department-wide training on sexual harassment prevention. The final formal complaint was made by a staff employee who alleged that a supervisor repeatedly made unwanted romantic remarks to her. The investigation was inconclusive, but the Associate Provost provided training on prevention of unlawful harassment, including sexual harassment, to supervisors in the unit.

Two unit heads sought advice and assistance on counseling employees whose behavior was reported as inappropriate. The employees were counseled about the University’s policy and expectations. There have been no other reports of problems.

Contacts Regarding Students

There were four informal complaints against students. One case involved an informal investigation of concerns raised in 2004–05 regarding treatment by fellow students. The student was disappointed that the investigation did not substantiate the claim, but declined to pursue a formal complaint. In another instance, a Complaint Advisor was contacted by a student seeking assistance in stopping repeated unwanted verbal and physical advances from another student. The Complaint Advisor explained the available options, including writing a letter and contacting the University Police Department, both of which the student did. The third informal complaint against a student resulted from a referral from Student Counseling and Resource Service. A former partner’s repeated unwanted contact was stopped with the help of the University Police Department and the Dean of Students. The final informal complaint came from a faculty member after a student disrupted a class by loudly continuing to sing a particularly sexually explicit song about the instructor, despite being asked to stop. The Dean of Students met with the student, who maintained it was a joke. This complaint is pending.

Regarding students, two contacts classified as “other” were received, both of which involved communicating resources for individuals getting out of abusive relationship. In one instance, the contact resulted in a Networking Services and Information Technologies (NSIT) investigation of compromised access to an e-mail account. In addition, a faculty member reported that a University graduate harassed and threatened him electronically.

Members of the Panel on Sexual Harassment, 2005–06

Kathleen Conzen
Marsha Rosner
Michael Stein
Aneesah Ali, Associate Provost, ex officio
Victor Mufioz-Francelli, Student Ombudsperson

March 27, 2007
The Office of the Vice-President and Dean of Students in the University has been asked by the Council of the University Senate to report each year on matters pertaining to the University disciplinary legislation enacted by the Council on May 23, 1970, and amended on June 8, 1976.

For another year, the All-University Disciplinary Committee did not meet during the 2005–06 academic year.

The Office of the Vice-President and Dean of Students in the University also reports to the Council on disciplinary matters that have occurred in the academic units during the year. In 2005–06, area disciplinary committees were convened on sixteen occasions to consider allegations brought against twenty students. Four graduate students requested a review of the disciplinary decision.

In the College, six disciplinary hearings were convened involving nine students.

One hearing was called because a student violated a “no contact” order placed by the Dean of Students in the College. The student was placed on probation.

Another hearing involved a student accused of sexual assault. Due to insufficient evidence, no sanctions were levied against the student.

A student was brought before a disciplinary committee for fabricating laboratory data. The student was suspended for four quarters.

A hearing was called for two students accused of cheating during an examination. Both students were placed on disciplinary probation.

A fourth hearing involved three students accused of attempting to burn another student’s art exhibit. Two of the students were suspended for five quarters, while the third student was suspended for two quarters.

The ninth student called before the College disciplinary committee in the 2005–06 academic year was charged with sending e-mails and making telephone calls that were harassing and threatening. The student was suspended for eight quarters.

In the graduate divisions and professional schools, ten hearings were convened involving eleven students.

The Division of the Social Sciences held one hearing in the 2005–06 school year. A student was charged with misrepresentation of credentials and plagiarism. The student chose to not participate in the hearing. The student was expelled.

The Law School convened three hearings in the 2005–06 school year. Two of the hearings involved students who were each accused of plagiarizing more than one paper. In each separate incident, the student was suspended for nine quarters.

The third hearing was called for a student accused of sexual assault. The student was given a one-quarter suspension.

The Pritzker School of Medicine convened hearings for three students in the 2005–06 school year. A hearing was convened to address the case of two students accused of cheating during an examination. Each student was placed on probation. Another hearing was called for a student accused of plagiarizing a paper. The Disciplinary Committee recommended that the student receive a final grade of F for the course. The student was told to do community service and was placed on probation.

The Graduate School of Business held two disciplinary hearings. A hearing was convened in the Executive M.B.A. Program for a student charged with obtaining the answers for a project in a manner that violated the Graduate School of Business Honor Code. The student was suspended for two quarters. The committee recommended that the student receive a project grade of 0 and a final course grade of F. The student requested a review. The review board sustained the disciplinary decision. Another hearing was called in the Full-Time M.B.A. Program to address a charge of cheating. The committee determined that the student did cheat on the examination. After taking into consideration a prior verbal warning and a prior written warning, the committee recommended that the faculty give the student a grade of F in the course and expelled the student. The student requested a review. The review board sustained the disciplinary decision.

### Students sent before disciplinary committees, 1996–2006

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<tr>
<th>Year</th>
<th>College/ Academic</th>
<th>College/ Other</th>
<th>Graduate/ Academic</th>
<th>Graduate/ Other</th>
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<tr>
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<td>4</td>
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<td><strong>3.3</strong></td>
<td><strong>5.9</strong></td>
<td><strong>3.9</strong></td>
<td><strong>15.1</strong></td>
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The Office of the Student Ombudsperson was established in 1968 by then-Provost Edward Levy to address student concerns regarding institutional policies or the manner of their administration. The role of the Office of the Student Ombudsperson is to act as a neutral third party to coordinate and facilitate conversations between the respective parties. The role of the Office of the Student Ombudsperson is to act as a neutral third party to coordinate and facilitate conversations between the respective parties.

By Victor M. Muñiz-Fraticelli

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**Figure 1. Case Totals**

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**Figure 2. Case Analysis**

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<tr>
<td>Graduate</td>
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<td>4 1 1 6 1</td>
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<tr>
<td><strong>TOTALS</strong></td>
<td>73 54* 79 99 12</td>
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**Notes:**

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*** The 2005–06 total does not include Summer Quarter of 2006.

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**Case Analysis**

The number of students seeking the assistance of the Office of the Student Ombudsperson was greater than the number of graduate and professional students. This marks a change from previous years. Increased exposure during undergraduate orientation may be the cause of this. It is perhaps unsurprising that the number of academic complaints regarding grades rose considerably as the student generation changed. The number of complaints made by undergraduate students was markedly higher in comparison to the graduate student population. The number of complaints made by undergraduate students was markedly higher in comparison to the graduate student population. The number of complaints made by undergraduate students was markedly higher in comparison to the graduate student population. The number of complaints made by undergraduate students was markedly higher in comparison to the graduate student population.
participants. The controversy that resulted was
covered by the media and caused considerable
ger and resentment within the 
University community. The VPDOS
reacted quickly to address the concerns of all students involved. Some of the students who organized the initially futile dialogue, asked to meet with the offended students. The VPDOS asked the Office of the Student Ombudsperson to mediate the meeting. The Office of the Student Ombudsperson was glad to assist the VPDOS and, more importantly, to encourage dialogue between all parties to the controversy. From the perspective of the office, the meeting between the students was helpful and rewarding; in future controversies, it would be fruitful to extend the role of the office in this direction.

Another case brought to the attention of the office in Autumn Quarter involved students, former students, and a community member. A local resident was upset at noise caused by nearby students. What should have been a dispute between neighbors quickly escalated. The community member contacted the Dean of Students in the College to voice his concerns. The Dean called a meeting between the students and the community member. It was at this point that the Office of the Student Ombudsperson became involved. Very quickly, it became apparent that the community member’s expectations were inconsistent with the realities of living in a university community. The Dean of Students, while very eager to cooperate with the students, tried to reach a middle ground with the complainant, but to no avail. A bare-bones set of guidelines was agreed upon, and both parties went their separate ways. In this instance, the role of the Office of the Student Ombudsperson was to advocate on behalf of the students’ best interests. In the end, however, such advocacy was not necessary as the University administration worked superbly with students to ensure a proper resolution. The involved students expressed their gratitude to the Office of the Student Ombudsperson for its willingness to hear student concerns and act as their liaison when necessary.

Academic Dishonesty and Faculty Response
A final case of note came at the end of the academic year. What began as a concern of a single student in the College quickly swelled to include a large number of other students. Frustrated with what was perceived to be plagiarism, a professor in the College had instituted an alternative grading scheme of a class from the syllabus and the announce-
ments of the teaching staff. To change these expectations during the course of the quarter, even in response to justified fears of academic fraud, is problematic. Clear procedures for handling accusations and investigations of fraud, combined with prophylactic measures to prevent its occurrence, are a more transparent way of handling this sort of situation. If the problem of academic fraud is endemic, as it may well be, the University and its academic programs should consider more thorough solutions, such as computerized statistical analysis of exams or plagiarism detection software, that have been used by other universities. These would be preferable to ad hoc responses to incidents of fraud.

Non-traditional Students and Students in Extended Residence
Over the last few years, there has been some concern about the situation of stu-
dents without the traditional status of undergraduate, graduate, or professional students, such as post-doctoral fellows and doctoral students who have been in residence longer than usual. The Office of the Student Ombudsperson has generally offered its services to these students, despite their ambiguous status. This year, there have been no cases involving post-doctoral fellows beyond a few routine requests for information, which signifies a drop from previous years.

Cases concerning students in extended residence, however, continue to arrive at the office. One especially difficult case for the office involved a doctoral student in the last stages of writing her dissertation who was being dismissed from her doctoral program. The student, who had been ma-
ticulated in the program for over twenty years, recently been given a deadline by her department to either complete her dis-
sertation or to withdraw from the program. The department, which had extended the deadline several times, ultimately judged that the student would be unable to meet the deadline to the satisfaction of her committee. The decision rested both on an administrative judgment that the student had long exceeded the acceptable time to complete a dissertation and also on an academic judgment that what the student had submitted to date did not meet the requirements for a doctoral degree.

Previous Ombudsperson reports have pointed out that very lenient graduate residence requirements do a disservice to students. The University has addressed this concern through the institution of the “Extended Residence” status and various other incentives for completing a disserta-
tion in a timely manner, such as Mellon grants and other conditional financial aid. Nonetheless, there are concerns of fair-
ness that should be acknowledged in the treatment of students who entered their academic programs before these reforms were put in place. The department should handle each case on its own merits with the greatest degree of transparency. There will likely be problems until the last of these students obtain their degree or leave the University. For the moment, academic departments should be aware of the pres-
ence of any long-term students and institute appropriate policies for evaluating their progress in their program.

Acknowledgements
Countless people have made my tenure as Ombudsperson interesting, productive, and pleasant. Chief among these was Kirk Schmink, the Associate Ombudsperson for the 2005–06 academic year. His un-
cer for the welfare of his fellow students and his dedication to every detail of their complaints was admirable and appreciated. Not forgotten is the encour-
agement, sponsorship, and guidance of my predecessor, Phil Venticinque, which was invaluable. I could only hope to fill an office that he effectively defined. My successors, Sarah Lickfeit and Mennaz Choudhury, have steered the office with conviction and grace from the start, and I wish them the best of luck through the rest of their tenure.

The staff of the Office of the Vice-President and Dean of Students has provided me with enormous support through the last two years. To Sheila Yarbrough, Roberta Cohen, and Martina Munsters, I owe spe-
cial gratitude for their generous and wise advice in every one of our meetings, as well as for the steadfast support they gave me and the office through every case. For the trust and cooperation they have given me and the office over the past two years, I also thank Alice Chandler at the Office of the President; Katie Callow-Wright, Karyn LaTurner, and Paul Ryer at the University House System; Daniel Schuch at Real Estate Operations; and Susan Art, Dean of Students in the College. Finally, I must thank former President Don Randel and his dedication to every detail of their complaints was admirable and appreciated in the presidency.

Victor M. Malouf-Fraticelli was the Stan-
dent Ombudsperson for the 2005–06 academic year.
By Thomas C. Holt

The 488th Convocation Address, "1965-2006: Your Commitment and My Reflections on a Past and a Possible Future"

December 6, 2006

Good afternoon! And congratulations! First, let me reassure you: you are not the first group to file past and stare at your shoes, and I remember very well how my classmates waited restlessly for the speeches to end, to receive their degrees, and to get on with the waiting. I do not seek to be mercifully brief. Although graduations are moments of celebration, they are also rites of passage and as such offer mental spaces for reflection, a time for gathering energies and honing perspectives for the road ahead. In this special moment, then, a time in which you find yourselves poised so closely between a past life and a future one, I offer these reflections on my own life's past and present, in the hope that they may be of some relevance, perhaps not now but at some future moment, as you commence your life's journey. That word "commitment," you will find, has multiple valences.

The occasion of my own graduation some four decades ago was somewhat different from yours. First, it was on a bright, hot summer day in June rather than Chicago's cloudy, cold December. The school from which I received my first degree, Howard University in Washington, D.C., could not claim the prestige and rigor of the University of Chicago, but it had an older and equally proud history, having been founded at the end of the American Civil War to educate the African American youth of the South for several years there, during the 1860s. Howard had become something of a northern border outpost for the student cadres of the Civil Rights Movement.1 Stokely Carmichael, H. Rap Brown, and other prominent figures of the militant black student movement were my classmates and contemporaries. It was not surprising, then, that it was to Howard that on my graduation day President Lyndon Johnson came to announce a bold new federal policy aimed at being the fulfillment of the larger goals of the Civil Rights Movement, which was then at something of a crossroads. He had signed the landmark Civil Rights Act in July 1964 and anticipating that he would soon be signing just weeks later the Voting Rights Act of 1965.

My father would have felt deeply involved—under President Johnson's direction—in the Vietnam War. (The massive urban civil disorder that began just two years later, but there had already been isolated protests on Howard's campus since the fall of 1963.) No one could have anticipated that the graduation would not be scheduled until the last moment, so few in the audience had expected to see him at the podium that day and there had been no time to organize demonstrations. A few of the graduates, however, including me, decided we must stage our own silent protest. So with banners signs pinned to our backs, we were shown when Johnson began to speak and turned our backs (and signs) to him. And, so it was that I actually missed what was arguably the most important policy announcement of race relations by a sitting American president in my lifetime.

I confess this not so much in regret of the disrespect we showed the president that day—perhaps more such "disrespect," earlier on, might have somehow slowed the momentum that was about to come. But it soon became clear, a wrongheaded and tragically wasteful war. As our recent history so clearly shows, "disrespect," speaking truth to power, is something American citizens clearly shows, "disrespect," speaking truth to power, is something American citizens need to do more of, not less. No, my little confession here has more to do with the larger moral story—the unknown and unknowable of the life course I commenced that day, the warm bluffs of nostalgia about a self so hopefully and yet so naive, the poignant pangs of regret about hopes still unrealized, the nervous dashes that this particular journey might have saved. So, it is not certainties that I seek to leave with you today, not banal, sound-bite size lessons from the past, but a sense of life's path, and its inevitable cuts and curves, the corners of one's peripheral vision and thus the steely poise, the finely balanced judgment, the deep resolve it will demand of you. Once more, let us reflect for just a moment on "commitments" and ends.2

We—the president, my father, and I—commenced decidedly different journeys that day. His brave words notwithstanding, Johnson soon found himself sinking into domestic and foreign policy quagmires that ultimately curtailed and diminished his presidency. The speech at Howard, ironically, was coauthored by Daniel Patrick Moynihan, then an undersecretary of labor, and in that speech were embedded harbingers of his controversial report released later that summer, which argued that equalizing opportunity would require the reformation of the black family. The heated arguments over that proposal would undermine serious debate about other social policy initiatives for some time to come. Far more important and detrimental to Johnson's ambitious goals, however, was the dramatic escalation of the war, which had begun with the landing of American combat forces the previous March (the same month as the Selma marches and the completion of Moynihan's report, ironically) and would be ratcheted up from tens to hundreds of thousands by the Pentagon the following November. The government's ability to fund any social program was effectively sabotaged and the seeds of future tensions were sowed that would divide Americans into warring camps for a generation. A generation that would, in turn, be led by President Johnson in the flesh, but he lived through five more presidential administrations. Never again, would he feel as hopeful about America's racial progress as he had that day, never again would he have reason to take pride from a president's words.3

So, it was on that graduation day, while standing amidst the Civil Rights Movement, then to work for (pay this time) in Johnson's Anti-Poverty Program, and finally to work on a doctoral degree, looking now to history for the roots of the puzzles of racism and poverty I had encountered—never guessing that this would turn out to be a life's work. Just this week arguments before the U.S. Supreme Court have prompted speculation that the Brown decision itself will be fatally weakened by the end of the current term, all in the name of fostering diversity by colorblindness. What I know for sure right now, America's responsibility to act affirmatively to achieve racial harmony has been held in suspense, the subject of dedicated commentary among the most learned, defended by its supposed friends. Today the federal government openly campaigns against the very intellectual community it once admired and supported. Meanwhile, the threat of lawsuits by right-wing groups-bearing oynomorphic names of truly breathtaking audacity, like "Civil Rights Initiative"—have cowed many of our institutions of higher education that they once championed into growing self- censorship. Working from an intellectual posture like that Justice John Marshall Harlan so roundly condemned in his dissent from the Civil Rights Cases: a case that demonstrated the constitution's "substance and spirit" is sacrificed by a subtle and ingenious verbal criticism, such groups—the negationists who are content to tear down but not build just a society—sometimes seem on the verge of winning this struggle. Indeed, perhaps the only place affirmative action remains unapologetically in full force today is in the United States Army. And thus the profound irony of our time: the Department of Defense as the largest "equal opportunity employer" in America.

At moments like this, one can better appreciate, perhaps, the conflicted sentiments of Frederick Douglass as he stood just a few hundred yards from where I stand now, on the Midway over there, addressing a crowd at the World's Columbian Exposition of 1893. A former slave and abolitionist leader, Douglass—in the final years of his life, witnessed the onset of Jim Crow and a fanatical wave of racial lynching—and it broke his heart. His vision and determination remained clear, however: the so-called "Negro Problem" is unsolved, he roared to the crowd that day on the Midway, simply try justice and the problem is solved.4

I am very conscious at this moment that you in my audience are drawn from among the most privileged Americans. From among these graduates will come people who might someday advise a president, sit on a district or circuit court bench, perhaps even be the president or sit with the highest court in the land. In any case, all of you will be citizens, meeting in community and profes- sional life; that is, we are no longer "the student cadre of the Civil Rights Movement, an older and equally proud history, having been founded at the end of the American Civil War to educate the African American youth of the South for several years there, during the 1860s. Howard had become something of a northern border outpost for the student cadres of the Civil Rights Movement.1 Stokely Carmichael, H. Rap Brown, and other prominent figures of the militant black student movement were my classmates and contemporaries. It was not surprising, then, that it was to Howard that on my graduation day President Lyndon Johnson came to announce a bold new federal policy aimed at being the fulfillment of the larger goals of the Civil Rights Movement, which was then at something of a crossroads. He had signed the landmark Civil Rights Act in July 1964 and anticipating that he would soon be signing just weeks later the Voting Rights Act of 1965.3


Notes


5. Douglass was quoting Kansas Senator James Ingalls: "Let the nation try justice and the
problem will be solved." The printed version of the earlier speech, "Why Is the Negro Lynched?" is quoted in The Life and Writings of Frederick Douglass, edited by Philip S. Foner, 4 vols. (New York, 1955), 4:521.

Thomas C. Holt is the James Westfall Thompson Distinguished Service Professor in the Department of History and the College.

Summary
The 488th convocation was held on Friday, December 8, 2006, in Rockefeller Memorial Chapel. Robert J. Zimmer, President of the University, presided.

A total of 335 degrees were awarded: 45 Bachelor of Arts in the College, 3 Bachelor of Science in the College and the Division of the Physical Sciences, 5 Master of Science in the Division of the Biological Sciences and the Pritzker School of Medicine, 18 Master of Arts in the Division of the Humanities, 38 Master of Science in the Division of the Physical Sciences, 43 Master of Arts in the Division of the Social Sciences, 94 Master of Business Administration in the Graduate School of Business, 1 Master of Divinity in the Divinity School, 2 Master of Liberal Arts in the William B. and Catherine V. Graham School of General Studies, 7 Master of Arts in the School of Social Service Administration, 1 Master of Arts in the Irving B. Harris Graduate School of Public Policy Studies, 2 Master of Public Policy in the Irving B. Harris Graduate School of Public Policy Studies, 20 Doctor of Philosophy in the Division of the Biological Sciences and the Pritzker School of Medicine, 15 Doctor of Philosophy in the Division of the Humanities, 11 Doctor of Philosophy in the Division of the Physical Sciences, 21 Doctor of Philosophy in the Division of the Social Sciences, 5 Doctor of Philosophy in the Graduate School of Business, 3 Doctor of Philosophy in the Divinity School, and 1 Doctor of Philosophy in the School of Social Service Administration.

Thomas C. Holt, the James Westfall Thompson Distinguished Service Professor in the Department of History and the College, delivered the convocation address, "1965–2006: Your Commencement and Mine, Reflections on a Past and Possible Future."
The 489th Convocation Address: “Seeking Truths vs. Finding the Truth: Some Archaeological Reflections”

By Gil J. Stein
March 16, 2007

I want to congratulate you as you are awarded the degree recognizing your achievements. Regardless of your field of study, this milestone marks the crucial difference between the quest for some abstract absolute truth and the more practical, frequently larger and messier pursuit of the plural. The pursuit of truths rests on the complex and messy mix of empirical information, critical reasoning, and an understanding of the context within which ideas develop, flourish, and often die.

We live in a time of resurgent and dangerous universalizing ideologies. Political and religious leaders in the United States, the Middle East, and other regions not only claim to possess absolute truths but also seem determined to impose these convictions on the world around them. Absolute truths blind us to the unpleasant realities of a rapidly changing world. If we are open enough intellectually to recognize these changes, then we can adapt to them, flourish, and even lead in the world. If we choose not to pay attention, then we face grave risks to our society and way of life.

Studies of survival in crisis situations show that the single most important factor determining whether individuals will be able to survive the mental stress of those individuals who have always worked with and instead to improve the most unappealing realities of the crisis they face. One simply cannot do this if bound to an absolute ideological system—the single Truth that defines the world.

When societies face major challenges, their developmental pathways to growth, or else to stasis or to collapse, are almost never predetermined. Instead, the history we observe is a composite outcome of social structure, cultural values, and the decisions of individuals or groups. We like to think that culture is the ultimate adaptation that ensures human survival, but in fact the architects of those adaptations are the individuals and the physical and cultural extinction of human groups. Archaeology can give us some very useful perspectives on how and why societies flourished or collapsed.

I want to tell you an archaeological story about Vikings, cows, and Inuit Eskimos; about climate, culture, and starvation. It’s about the choice between adhering to a perception of Absolute Truth versus learning from multiple messy truths in the making.

The strange history of Norse Greenland is one of the few known cases where the native peoples won out over the European colonizers, so that it was the Norse who failed to make use of the rich resources that were all around them.

What was the source of the cultural blindness that had the Europeans so fascinated by the Inuit? Of the European Greenlanders? We know a fair amount about the pervasive ideology of the medieval Scandinavians from their law codes and sagas. The Norse worldview rigidly partitioned society into a series of absolute dual oppositions: law, society, home, and order lay on one side; and dangerous, lawless chaos lay on the other. What we would call “nature” was for the Norse the “wilderness”—a place of physical threat and of Evil. This absolute worldview imprisoned the Norse within walls of their own making—so that distant hunting grounds were places to be feared rather than exploited; and their Inuit neighbors were barely human enemies to be shunned or killed, rather than trading partners or potential allies. The Norse seem to have instinctively rejected any Inuit technology or cultural knowledge as tainted and dangerous by its very nature.

The case of the Norse Greenlanders is disquieting parallels with the present through its combination of an unlightened self-interest, a willful ignorance, and a maladaptively rigid worldview. Many of our own elites, like those of the Norse, are very certain of the Truth of the ideologies that guide them—even when this ideology is completely at odds with the massive changes taking place in our social, physical, and economic environment.

How effectively we deal with these changes depends on our ability to discern the messy truths, to evaluate them critically, and to act on them with expertise—rather than being blinded by adherence to a single overarching Truth. Your education here has given you the tools to do this better than most other groups that I can think of. We are going to need your abilities and judgment. So if you see someone out there who can hunt down and kill a ringed seal better than you can, I advise you to pay close attention and learn from them.

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The 489th convocation was held on Friday, March 16, 2007, in Rockefeller Memorial Chapel.

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